MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06696

CERTIFICATE OF DEATH

Reg. Dist. No. 9 2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural — LENGTH OF STAY (in this place) 50 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Elkton Md RD 3

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural
STREET ADDRESS (If rural give location) Elkton md RD 3

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	B.	Baus	July	6	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widow	Jan 18 1882	67 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Work		Pilot Town Md	U.S.

13. FATHER'S NAME Emory H. Kraus

14. MOTHER'S MAIDEN NAME Elizabeth Barbon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. —

17. INFORMANT Mrs Elizabeth Kraus

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) cerebral embolism	5 minutes
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Coronary thrombosis	1½ hr
420.1 94a	(c) arteriosclerosis of coronary arteries	?
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)

TIME OF INJURY (Month)	(Day)	(Year)	(Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 2, 1949, to July 6, 1949, that I last saw the deceased alive on July 6, 1949, and that death occurred at 10 20 m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Wallace M Johnson	M.D.	Newark Dela	6 July 1949

23. BURIAL, CREMATION / REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
Burial	July 9th	West Nottingham	Maryland	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/8/49	H R Frazer	R. T. Jones	Newark Del

RECEIVED
JUL 13 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06697

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton — LENGTH OF STAY (in this place) 2½
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) 145 E. High

3. NAME OF DECEASED (Type or Print): (First) Joseph (Middle) B (Last) Blansfield

4. DATE OF DEATH: (Month) July (Day) 26 (Year) 1949

5. SEX: Male — 6. COLOR OR RACE: White — 7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Married — 8. DATE OF BIRTH: April 21, 1896 — 9. AGE last birthday: 53 yrs. — If under 1 year: Months | Days — If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer — 10b. KIND OF BUSINESS OR INDUSTRY: Paper Mfg. — 11. BIRTHPLACE (State or foreign country): Maryland — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Blansfield — 14. MOTHER'S MAIDEN NAME: Margaret Corderay

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If year, give war or dates of service) — 16. SOCIAL SECURITY NO. — 17. INFORMANT: Wife

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 9 mos.

163 Antecedent cause(s)

47d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ____ (c) ____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION: Unknown at this facility — 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) — PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY — (CITY OR TOWN) — (COUNTY) — (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept., 1948, to July 26, 1949, that I last saw the deceased alive on July 26, 1949, and that death occurred at 11:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Bedford W. Spreacher, M.D. — ADDRESS — DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify): Burial — DATE: July 29/49 — NAME OF CEMETERY OR CREMATORY: Gilpin Manor Memorial Pk. — LOCATION (City, town, or county): Elkton, — (State): Md.

DATE REC'D BY LOCAL REG. 7/28/49 — REGISTRAR'S SIGNATURE: F R Frazer

24. FUNERAL DIRECTOR: H W Tippin — ADDRESS: Elkton Md.

VS. A15

RECEIVED
JUL 30 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

06698

Reg. Dist. No. 95

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo, Rural
LENGTH OF STAY (in this place) 58 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Conowingo Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) Benjamin (Middle) Ellsworth (Last) Brown

4. DATE OF DEATH: (Month) July (Day) 7 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: March 28 1868

9. AGE last birthday: 81 yrs.

If under 1 year: Months / Days

If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired R.R.

10b. KIND OF BUSINESS OR INDUSTRY: Track Work

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S

13. FATHER'S NAME: James Brown

14. MOTHER'S MAIDEN NAME: Phyllis Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY No.:

17. INFORMANT: Arnold H. Brown

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cerebral Vascular Accident — Interval between onset and death: 1 hr.

331 Antecedent cause(s)

83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Senility. —

(c) Arteriosclerosis Cerebral — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatitis — 4 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 19XX, to 7-7, 19XX, that I last saw the deceased alive on 7-7, 19XX, and that death occurred at 11:55A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] M.D. Port Deposit 7-8-XX

23. BURIAL, CREMATION, REMOVAL: Burial — DATE: July 10 1949 — NAME OF CEMETERY OR CREMATORY: Mt. Zoar — LOCATION (City, town, or county) (State): Near Conowingo Md.

DATE RECD BY LOCAL REG. July 8-49 — REGISTRAR'S SIGNATURE: L M Worthington — 24. FUNERAL DIRECTOR ADDRESS: J. E. Tyson. Rising Sun Md.

RECEIVED
JUL 12 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06699

CERTIFICATE OF DEATH

Reg. Dist. No. 90

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL) and give nearest town OR TOWN Rural Earleville; LENGTH OF STAY (in this place) MARYLAND; HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Earleville; STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print): (First) WILLIAM (Middle) THOMAS (Last) CAVENDER

4. DATE OF DEATH: (Month) July (Day) 22 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 9 1879

9. AGE last birthday: 70 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming

10b. KIND OF BUSINESS OR INDUSTRY: Farmer

11. BIRTHPLACE (State or foreign country): Cecil Co. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cavender

14. MOTHER'S MAIDEN NAME: Amanda Ulrich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT: Mrs. Nellie Cavender

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of liver — Interval Between Onset and Death: 1½ yrs

156 46f

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-2, 1947, to 7-22, 1949, that I last saw the deceased alive on 7-21, 1949, and that death occurred at 3 45 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Theodore F. Papouchis (MD) ADDRESS Galena, Md DATE SIGNED 7-25-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 25 1949 | NAME OF CEMETERY OR CREMATORY Carlton | LOCATION (City, town, or county) (State) Carlton Md

DATE REC'D BY LOCAL REG. July 25-49 | REGISTRAR'S SIGNATURE Mrs Howard W. Cheyney

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 27 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06700

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural. — LENGTH OF STAY (In this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland. — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS 1811 (If rural, give location) St Paul St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELEANOR.	LOUISE	CARLTON.	7	3	1949.

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	DIVORCED	9-4-1915	33 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
SECRETARY	GREYHOUND BUS	UNIONTOWN PENNA	USA.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
LEVI S RANDOLPH	ETHELYN ARNETT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
	172-16-4622	L.S. RANDOLPH.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☑

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	North East River	North East Rd	Cecil	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
7	3	49.	4:30 p.m.			Boat capsized

22. *I certify that I took charge of the remains described above, held an Autopsy* ☐, *Inspection* ☒ *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☒, *suicide* ☐, *homicide* ☐, *undetermined* ☐.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R C Dodson	MD	Rising Sun Md.	7-3-49.

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
REMOVAL	7-3-49	SYLVAN HEIGHTS	Uniontown	PA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 3-49	Sarah E. Rothermel	Joseph R Leard	North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

D6701

Reg. Dist. No. 90

M

C

I

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly. PLEASE WRITE PLAINLY, WITH UNFADING INK.

1. PLACE OF DEATH: COUNTY Cecil | MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CECILTON | LENGTH OF STAY (in this place) 8 MONTHS
HOSPITAL OR INSTITUTION OR STREET ADDRESS Home Rural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND | COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CECILTON
STREET ADDRESS (If rural give location) 2 Mi West of CECILTON

3. NAME OF DECEASED (Type or Print): (First) Joseph (J) (Middle) LAWRENCE (L) (Last) Christy
4. DATE OF DEATH: (Month) July (Day) 12 (Year) 1949
5. SEX: M
6. COLOR OR RACE: C
7. SINGLE, ~~MARRIED~~, ~~WIDOWED~~, ~~DIVORCED~~, (Specify)
8. DATE OF BIRTH: Nov 28-48
9. AGE last birthday: yrs. If under 1 year: Months 7 | Days | If under 24 hrs.: Hours | Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): MARYLAND - Harford
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: DENNIS ARNOLD CHRISTY
14. MOTHER'S MAIDEN NAME: LILLIAN V. RINGGOLD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT: DENNIS ARNOLD CHRISTY

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

764.0 Immediate cause (a) DIARRHEA AND ENTERITIS — Interval Between Onset and Death: 3 DAYS

Antecedent cause(s)

119.0 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 9, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 7 P. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) | ADDRESS | DATE SIGNED
Theodore F. Paprocki M.D | Galena Md | 7-13-49

23. BURIAL, CREMATION, REMOVAL (Specify) Burial | DATE July 15 | NAME OF CEMETERY OR CREMATORY Sassafras | LOCATION (City, town, or county) (State) Sassafras, Md.

DATE REC'D BY LOCAL REG. July 14-49 | REGISTRAR'S SIGNATURE Mrs Harold L Cheyney | 24. FUNERAL DIRECTOR / ADDRESS Courtis O. Caulk

VS. A15

RECEIVED
JUL 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06702

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, WITH UNFADING INK.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 7 yrs. 3 mos. 19 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE West Virginia — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Hillsboro
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) LEE (Middle) W. (Last) CLARK

4. DATE OF DEATH: (Month) July 30, (Day) (Year) 1949

5. SEX: male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Sept. 1873

9. AGE last birthday: 75 yrs. If under 1 year: Months 10, Days 1, If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Hillsboro, W.Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT AND ADDRESS: Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Tuberculosis, pulmonary, chronic, far advanced — Interval Between Onset and Death: Unknown

002

Antecedent cause(s)

13b

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: --

(CITY OR TOWN): --

(COUNTY)

(STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour): --

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from Apr. 11, 1942, to July 30, 1949, that I last saw the deceased alive on July 30, 1949, and that death occurred at 7:31 PM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) A. E. Trollinger — ADDRESS A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED 7/31/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal — DATE: 7-31-49 — NAME OF CEMETERY OR CREMATORY: Unknown — LOCATION (City, town, or county) (State): Hillsboro, W.Va.

DATE REC'D BY LOCAL REG. July 31 1949 — REGISTRAR'S SIGNATURE: Irene E. Dougherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son — PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
AUG 3 1949
BUREAU V. S.

06703

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 90

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH: COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cecilton; MARYLAND; LENGTH OF STAY (in this place) 25 yrs.; HOSPITAL OR INSTITUTION OR STREET ADDRESS ~~W. L. ADKISLAK~~ W. E. HARVEY

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Hacks Point; STREET ADDRESS (If rural, give location) Earleville R.D. #2

3. NAME OF DECEASED (Type or Print): (First) (Mr.) Walter (Middle) E. (Last) Cole

4. DATE OF DEATH: (Month) July (Day) 19 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1906

9. AGE last birthday: 42 yrs. If under 1 year: Months; Days; If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Baltimore, Md.

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Cole

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT: Mrs. Anna Cole

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) 850.8 172

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) River - Bohemia (CITY OR TOWN) Hacks Point (COUNTY) Cecil (STATE) Md.

TIME OF INJURY (Month) July (Day) 19 (Year) 1949 (Hour) 11 m. a.m. p.m. INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Fell from boat into river

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE Dr. W. Spreeley (Degree or title) M.D. ADDRESS Elkton, Md. DATE SIGNED July 20 1949

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF July 23 1949; NAME OF CEMETERY OR CREMATORY Galena Cem.; LOCATION (City, town, or county) Galena (State) Md.

DATE REC'D BY LOCAL REG. July 23 - 49; REGISTRAR'S SIGNATURE Mrs. Howard W. Clayton

24. FUNERAL DIRECTOR Edward Bellows; ADDRESS Millington, Md.

RECEIVED
JUL 26 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place): MARYLAND
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland
COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural, give location): 3415 Lake Montebello Drive

3. NAME OF DECEASED (Type or Print): (First) Bishop (Middle) Jackson (Last) Cooper

4. DATE OF DEATH: (Month) 7 (Day) 15 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Feb. 6, 1871

9. AGE last birthday: 78 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Portland, Maine

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Bishop Cooper

14. MOTHER'S MAIDEN NAME: Sarah Carrick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service): No

16. SOCIAL SECURITY No.: None

17. INFORMANT: Mrs. Margaret Walker 3415 Lake Montebello D

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left Cardiac Failure	3 days
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular disease	Unknown
	(c)	

443
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None

19b. MAJOR FINDINGS OF OPERATION: None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —

(CITY OR TOWN): —

(COUNTY): —

(STATE): —

TIME OF INJURY (Month) (Day) (Year) (Hour): —

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 23 June, 1949, to 15 July, 1949, that I last saw the deceased alive on 14 July, 1949, and that death occurred at 4:50A m., from the causes and on the date stated above.

SIGNATURE (Degree or title): George J. Kreis, Jr. M.D. ADDRESS: Elkton, Md. DATE SIGNED: 15 July 49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE: July 18, 1949

NAME OF CEMETERY OR CREMATORY: Lorraine

LOCATION (City, town, or county) (State): Woodlawn, Balto. Co. Md.

DATE REC'D BY LOCAL REG.: 7/15/49

REGISTRAR'S SIGNATURE: A. W. Hellen

24. FUNERAL DIRECTOR: Wm. J. Tickner & Sons, Inc. North & Pa. ADDRESS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06705

CERTIFICATE OF DEATH

Reg. Dist. No. 9-2

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Cecil. STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton. LENGTH OF STAY (In this place) Life.
HOSPITAL OR INSTITUTION OR STREET ADDRESS West Main St

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Elkton. Md COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton.
STREET ADDRESS (If rural, give location) West Main St

3. NAME OF DECEASED (Type or Print): (First) George. (Middle) W. (Last) Dick

4. DATE OF DEATH: (Month) July (Day) 4. (Year) 1949

5. SEX: M. | 6. COLOR OR RACE: Wh. | 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married. | 8. DATE OF BIRTH: March 20 1875 | 9. AGE last birthday: 74 yrs. | If under 1 year: Months. Days | If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country): Elkton, Md. | 12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Wm D. Dick. | 14. MOTHER'S MAIDEN NAME: Sarah Kelley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) | 16. SOCIAL SECURITY NO. | 17. INFORMANT: Mrs Annie Dick, Elkton Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Uremia

Antecedent cause(s) 442 131a
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cardio vascular renal disease — 3 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify) | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1946, to July 4, 1949, that I last saw the deceased alive on July 4, 1949, and that death occurred at 2 A. m., from the causes and on the date stated above.

SIGNATURE: Herbert Baker | (Degree or title) M. D. | ADDRESS Elkton Md | DATE SIGNED 7/5/49

23. BURIAL, CREMATION, REMOVAL (Specify): Burial. | DATE July 7/49 | NAME OF CEMETERY OR CREMATORY Elkton Catholic | LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. 7/7/49 | REGISTRAR'S SIGNATURE F R Frazer | 24. FUNERAL DIRECTOR: A W Pippin | ADDRESS Elkton Md

VS. A15

RECEIVED
JUL 9 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06706

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY CECIL — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN PERRY POINT
LENGTH OF STAY (In this place) 1 Mo. 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS VETERANS ADMINISTRATION HOSPITAL

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MARYLAND — COUNTY ST MARYS
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN LEONARDTOWN, MARYLAND
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) FRANCIS (Middle) B. (Last) DUKE

4. DATE OF DEATH: (Month) JULY (Day) 1, (Year) 1949

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify) SINGLE

8. DATE OF BIRTH: 10/9/04

9. AGE last birthday: 44 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CLERK

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): BALTIMORE, MARYLAND

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: BENJAMIN H. DUKE

14. MOTHER'S MAIDEN NAME: GRACE DENT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) WW-II (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: UNKNOWN

17. INFORMANT: HOSPITAL RECORDS, VA HOSPITAL, PERRY POINT, MD.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

974 **Immediate cause** (a) STRANGULATION

164a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) HANGING

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY SUSQUEHANNA RIVER BANK, PERRY POINT, MARYLAND (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) 7-1-49 11 A. m.
INJURY OCCURRED While at work ☐ Not while at work ☒
HOW DID INJURY OCCUR? HANGING BY ROPE

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

SIGNATURE R.C. Dodson M.D. (Degree or title) — ADDRESS Rising Sun, Md. — DATE SIGNED 7/1/49

R.C. DODSON, M.D.

23. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
DATE THEREOF 7/4/49
NAME OF CEMETERY OR CREMATORY St. Aloysius Cemetery
LOCATION (City, town, or county) (State) Leonardtown, St. Marys, Md.

DATE REC'D BY LOCAL REG. July 1, 1949
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR W.C. Mattingley & Sons — ADDRESS W.C. MATTINGLEY & SONS, LEONARDTOWN, MD.

VS. A15A

RECEIVED
JUL 5 1943
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06707

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 1 mo. 1 day
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Havre de Grace
STREET ADDRESS (If rural give location): 736 Fountain Street

3. NAME OF DECEASED (Type or Print): (First) LEWIS (Middle) R. (Last) FOY

4. DATE OF DEATH: (Month) July (Day) 2 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 11-2-25

9. AGE last birthday: 23 yrs. — If under 1 year: Months 8 Days 0 — If under 24 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Olympia, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mr. Eustace Farrell Foy

14. MOTHER'S MAIDEN NAME: Lillian M. Miller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) PNEUMONIA, BRONCHIAL, TERMINAL	48 hours
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) BRAIN MALIGNANCY, UNCLASSIFIED	Unknown
	(c)	

193
548

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify):

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 31, 1949 to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 12:00 noon, from the causes and on the date stated above.

SIGNATURE: E. P. BRANNON, M.D., Asst. Chief, Professional Services — ADDRESS: Perry Point, Md. — DATE SIGNED: July 3, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	July 4, 1949	Angel Hill Cemetery	Havre deGrace, Harford, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
July 3, 1949	Irene E. Dougherty	Pennington & Son, HAVRE DE GRACE, MD.

RECEIVED
JUL 8 1949
BUREAU U. S.

06708

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 94

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East RD — LENGTH OF STAY (in this place): 10 yrs	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: North East Rd
HOSPITAL OR INSTITUTION OR STREET ADDRESS:	STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	(First) Miranda	(Middle) A	(Last) Fritz	4. DATE OF DEATH (Month) July (Day) 23 (Year) 1949
5. SEX: F Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow	8. DATE OF BIRTH: 2-8-1871	9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Penna	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: James Lister		14. MOTHER'S MAIDEN NAME: Violette Wolstencroft		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT: Anna Fritz Kaminski		

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) chronic myocarditis — 10 days

422.2

Antecedent cause(s)

93d

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) none

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☐ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): no	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from July 13, 1949, to July 23, 1949, that I last saw the deceased alive on July 23, 1949, and that death occurred at 8:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Paul J Hallowell	MD	Elkton Md	July 25/49

23. BURIAL, CREMATION REMOVAL (Specify): Burial	DATE: 7-28-49	NAME OF CEMETERY OR CREMATORY: Middletown	LOCATION (City, town, or county) (State): Chester, Delaware Co. Pa
DATE REC'D BY LOCAL REG.: July 25 49	REGISTRAR'S SIGNATURE: Sarah E. Rothermel	24. FUNERAL DIRECTOR: Joseph R. Grant	ADDRESS: North East, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 29 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06709

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elston
LENGTH OF STAY (In this place) 33 min
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Del. COUNTY New Castle
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Wilmington
STREET ADDRESS (If rural, give location) 600 W. 28 St

3. NAME OF DECEASED (Type or Print) (First) LOUISA (Middle) (Last) GREEN
4. DATE OF DEATH (Month) 7 (Day) 24 (Year) 1949

5. SEX F.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widow
8. DATE OF BIRTH 8/27-73
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elston Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Jaquette
14. MOTHER'S MAIDEN NAME Martha Bristow

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Pauline Kearney.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Acute Coronary disease

94a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. E. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 7/24-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 28/49
NAME OF CEMETERY OR CREMATORY Cherry Hill.
LOCATION (City, town, or county) Cherry Hill, Md (State)

DATE REC'D BY LOCAL REG. 7/25/49
REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Rippin ADDRESS Elkton Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
Jul 27 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06710

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Rising Sun
LENGTH OF STAY (in this place) Overseas
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Penna. COUNTY Lancaster
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN R.D. - Lancaster, Pa.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) George (Middle) W. (Last) Grandle.
4. DATE OF DEATH (Month) July (Day) 21 (Year) 1949
5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)
8. DATE OF BIRTH May 12 1874
9. AGE last birthday 75 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) in Foundry
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Harrisonburg Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME John Grande
14. MOTHER'S MAIDEN NAME Amanda Sites
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 172-05-4063
17. INFORMANT Joseph Grandle

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Acute Coronary Occlusion

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Sclerosis and

94a (c) generalized arteriosclerosis

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH. none
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Milford N. Sprecher, M.D. Elkton, Md. July 21, 1949

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF July 24 1949
NAME OF CEMETERY OR CREMATORY Green Wood Cem
LOCATION (City, town, or county) (State) Lancaster, Pa.
DATE REC'D BY LOCAL REG. July 21-49
REGISTRAR'S SIGNATURE L M Worthington
24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

I

RECEIVED
JUL 25 1949
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MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06711

Reg. Dist. No. 96

M

The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully.

I

1. PLACE OF DEATH: COUNTY: Cecil — STATE: MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 3yrs 14 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE: Maryland — COUNTY: Prince George
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Bowie
STREET ADDRESS (If rural, give location): [illegible] Chester Avenue ✓

3. NAME OF DECEASED (Type or Print): (First) FRED (Middle) (NMI) (Last) GUTHRIE

4. DATE OF DEATH: (Month) July (Day) 10 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: 8-27-04

9. AGE last birthday: 44 yrs. — If under 1 year: Months 10 Days 13 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unk.

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Halifax Co., Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Weslie Guthrie

14. MOTHER'S MAIDEN NAME: Nannie Ghastine Guthrie

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Peace Time

16. SOCIAL SECURITY NO.:

17. INFORMANT: Hospital Records, VAH, Perry Point, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

983

Immediate cause (a) Compound fracture of the left temporal bone involving petrous portion of the temporal bone

168

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Fracture of the anterior edge of the occipital bone also the frontal bone

(c) Contracoup Hemmorrhage

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY: VA Hospital — (CITY OR TOWN): Perry Point — (COUNTY): Cecil — (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): 7-10-49 3:00 p m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR? Hit in head by a Psychotic Patient with piece of iron.

22. *I certify that I took charge of the remains described above, held an Autopsy* ☒, *Inspection* ☒, *Inquiry* ☒ *thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes* ☐, *accident* ☐, *suicide* ☐, *homicide* ☒, *undetermined* ☐.

SIGNATURE: R. E. Dodson — (Degree or title): M.D. — ADDRESS: Rising Sun, Md. — DATE SIGNED: 7-10-49

R.E. DODSON, M.D., Rising Sun, Md.

23. BURIAL, CREMATION, REMOVAL (Specify): Removal — DATE THEREOF: 7-11-49 — NAME OF CEMETERY OR CREMATORY: (family cemetery) — LOCATION (City, town, or county) (State): Halifax, Virginia

DATE REC'D BY LOCAL REG.: July 11, 1949 — REGISTRAR'S SIGNATURE: Irma E. Dougherty

24. FUNERAL DIRECTOR — ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

VS. A15A

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JUL 13 1949
BUREAU V. S.

06712

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 46

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville, Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Perryville, Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Edward (Middle) (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) July 18, 1949 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH 7-31-1888

9. AGE last birthday 60 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Cecil Co., Md

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Roswell Jackson

14. MOTHER'S MAIDEN NAME Laura M. Gerhauser

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If year, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT L.Ross Jackson, Perryville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Carcinoma of Liver & Pancreas — INTERVAL BETWEEN ONSET AND DEATH 8 months

157 Antecedent cause(s)

46g Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION April 27-1949

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Liver & Pancreas.

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March 5, 1949, to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 9.30 A.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

C. F. Benson M. D. Port Deposit, Md. 7/19/49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE 7-20-1949

NAME OF CEMETERY OR CREMATORY Asbury

LOCATION (City, town, or county) (State) Port Deposit, Md. Rural

DATE REC'D BY LOCAL REG. July 20, 1949

REGISTRAR'S SIGNATURE Irene E. Daugherty

24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 25 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH Bc 06713

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2 mos. 6 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
STREET ADDRESS (If rural give location): 1642 Northgate Road

3. NAME OF DECEASED (Type or Print): (First) ALTON (Middle) L. (Last) KIBLER

4. DATE OF DEATH: (Month) July (Day) 12, (Year) 1949

5. SEX: Male

6. COLOR OR RACE: white

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 12-6-80

9. AGE last birthday: 68 yrs. If under 1 year: Months 7 Days 6 If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown - deceased

14. MOTHER'S MAIDEN NAME: Unknown - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-I

16. SOCIAL SECURITY NO.: None

17. INFORMANT: Hospital Records

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral hemorrhage — 24 hrs.

442

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Hypertensive heart disease with arteriolar nephrosclerosis

131a

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: --

19b. MAJOR FINDINGS OF OPERATION: --

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): --

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: --

(CITY OR TOWN): --

(COUNTY):

(STATE):

TIME OF INJURY (Month) (Day) (Year) (Hour): --

m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR? --

22. I hereby certify that I attended the deceased from May 6, 1949, to July 12, 1949, that I last saw the deceased alive on July 12, 1949, and that death occurred at 7:10 AM m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

A.E. Trollinger

A.E. TROLLINGER, M.D., Chief, Professional Services, VAH, Perry Point, Md. 7-14-49

23. BURIAL, CREMATION REMOVAL (Specify): Removal

DATE THEREOF: 7-14-49

NAME OF CEMETERY OR CREMATORY: Arlington National Cemetery

LOCATION (City, town, or county) (State): Fort Myer, Va.

DATE REC'D BY LOCAL REG.: July 14 1949

REGISTRAR'S SIGNATURE: Irma E. Dougherty

24. FUNERAL DIRECTOR ADDRESS: Pennington & Son

PENNINGTON & SON, Havre de Grace, Md.

RECEIVED
JUL 16 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

06714

CERTIFICATE OF DEATH

Reg. Dist. No. 91

1. PLACE OF DEATH:

County: Cecil

City or town: Chesapeake City R.D.
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 34 yrs

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Cecil

City or town: Chesapeake City
(If outside city or town limits, write RURAL and give nearest town)

Street No.: R. D.
(If rural, give LOCATION)

2.(a) If veteran, name war

3.(a) FULL NAME: Eleonor Loburk

3.(b) Social Security Number

4. Sex: Female

5. Color or race: White

6.(a) Single, married, widowed, or divorced: Widowed

6.(b) Name of husband or wife: Nicholos Loburk

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.): July 4, 1891

8. AGE: Years 58 | Months | Days 18 | If less than one day ..... hrs. ..... min.

9. Birthplace: Austra
(Town, county, and state)

10. Usual occupation: House Wife

11. Industry or business

FATHER
12. Name: Anothony Szogdek
13. Birthplace: Poland

MOTHER
14. Maiden name: Antoinette Broza
15. Birthplace: Poland

16. Informant: Miss Mary Loburk
Address: Phila. Penna.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: July 25, 1949 (month) (day) (year)

Cemetery or crematory: St's Rose

Location: Chesapeake City

18. Funeral director: H. W. Pippin & Son
Address: Elkton Md.

19. July 25th 1949 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: July 22 1949 at 4:55 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June 1948 to July 22 1949 and that I last saw h[illegible] alive on July 22 1949

Immediate cause of death: Acute Myocarditis — DURATION: 2 days

Due to: Cardiovascular renal disease — 2 years

Due to: Hypertension — 4 years

Other conditions: 442 / 131a (include pregnancy within 8 months of death)

Major findings of operations ..... Date of op. .....

Autopsy results .....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Chesapeake City, Md. Date signed: 7/23/49

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
JUL 26 1949
BUREAU T. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06715

CERTIFICATE OF DEATH

Reg. Dist. No. 96

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point
LENGTH OF STAY (in this place): 2 yrs. 8 mos. 11 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Maryland — COUNTY: Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Edgewood
STREET ADDRESS (If rural give location):

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CALVERT	B.	LOVE	July	18,	19 49

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	Married	8-26-1897 1898	51 50 yrs.	10	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Asst. Chief, Civilian Guards	Edgewood Arsenal	Baltimore, Md.	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Benjamin Love - deceased	May Kenny - deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If year, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT
Yes	WW-I	Unknown 220-20-7963	Hospital Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Pneumonia, bronchial	72 hrs.
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Due to Abscess, intraventricular, cerebral	
	(c) Due to Prefrontal lobotomy	

342 80a

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-12-48		Yes ☒ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
--	--	--		

TIME OF INJURY (Month) (Day) (Year) (Hour)	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?
-- m.		--

22. I hereby certify that I attended the deceased from November 7, '46 to July 18, 1949, that I last saw the deceased alive on July 18, 1949, and that death occurred at 7:05 AM m., from the causes and on the date stated above.

SIGNATURE: A. E. Hollinger — (Degree or title): A.E. TROLLINGER, M.D. — ADDRESS: Chief, Professional Services, VAH, Perry Point, Md. — DATE SIGNED: July 19, 1949

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-18-49	Trinity Evangelical Lutheran - Joppa, Md.	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
July 18, 1949	Irene E. Daugherty	Pennington & Son	PENNINGTON & SON, Havre de Grace, Md.

JUL 22
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

06716

Reg. Dist. No. 95

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15A

1. PLACE OF DEATH
COUNTY: Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rising Sun, Rural
LENGTH OF STAY (In this place): 20yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN:
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Clarence Millard (Middle) (Last) McCall

4. DATE OF DEATH: (Month) 7 (Day) 2 (Year) 49

5. SEX: M

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: 7-8-1881

9. AGE last birthday: 67 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kirkwood, Pa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles McCall

14. MOTHER'S MAIDEN NAME: Mary Seller

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 212-30-6799

17. INFORMANT: Laura McCall

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

420.1 **Immediate cause** (a) Acute Coronary Occulsion

94a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterio sclerosis

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☐, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: noturol causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE: R. L. Dodson (Degree or title) MD

ADDRESS: Rising Sun . Md.

DATE SIGNED: 7-4-49.

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: July 5 1949

NAME OF CEMETERY OR CREMATORY: West Nottingham

LOCATION (City, town, or county) (State): Colora, Cecil Md.

DATE REC'D BY LOCAL REG.: July 6-49

REGISTRAR'S SIGNATURE: Lon Watlington

24. FUNERAL DIRECTOR: J. E. Tyson. ADDRESS: Rising Sun, Md.

RECEIVED
JUL 7 1949
BUREAU V. S.

Evidence for change in birth date in shown on:

FILM No. G 121 JUL 11 1949

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06718

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural. LENGTH OF STAY (in this place) 3 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit Rural.
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Robert (Middle) LEE (Last) Meck.
4. DATE OF DEATH (Month) 7 (Day) 1 (Year) 1949
5. SEX M.
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single
8. DATE OF BIRTH 1945 2-28-1945
9. AGE last birthday 3 yrs. If under 1 year Months 4 Days 11 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cecil
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elkton Md.
12. CITIZEN OF WHAT COUNTRY? Yes
13. FATHER'S NAME David Hungerford.
14. MOTHER'S MAIDEN NAME Beulah Meck.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Mary Meck.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Malnutrition & Rickets

283

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

70

(c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE R. C. Dodson (Degree or title) MD ADDRESS Rising Sun Md DATE SIGNED 7-1-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF 7-2-49
NAME OF CEMETERY OR CREMATORY Hopewell
LOCATION (City, town, or county) (State) Port Deposit, Md, Rural

DATE REC'D BY LOCAL REG. July 2, 1949
REGISTRAR'S SIGNATURE Irene E. Daugherty
24. FUNERAL DIRECTOR Lee A. Patterson & Son ADDRESS Perryville, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 5 1949
BUREAU V. S.

*According to Dr Dodson's new certificate (filed under NUTTER, permanent file) and statement filmed 7-18-49 G120, this ACCIDENTAL death occurred in the same incident causing the death of ELEANOR CARLTON registered in this office. Both deaths were ACCIDENTAL, according to Dr. Dodson's statement of 7-15-49. L 7/18/49

MARYLAND STATE DEPARTMENT OF HEALTH

06719

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 94

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East Rural — LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Baltimore
STREET ADDRESS (If rural, give location) 1811 St Paul St.

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
FLORENCE	ELIZABETH	NUTTER.	7	3	1949

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F.	White	Single	9-21-1911	37 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
		md	USA

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Caleb Nutter	Edith Muir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) If yes, give war or dates of service	16. SOCIAL SECURITY No.	17. INFORMANT
No		Lynwood Wesley Nutter

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Drowning

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last
(b)
(c)

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172

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office, bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
	Accident Area	North East Rural	Cecil	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
7	3	49	6 p. m.			Boat capsized

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☒, homicide ☐, undetermined ☐.*

*ACCIDENT

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R le Dodson	MD	Perryville Md	7-3-49

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Removal	7-3-49		Oriole, Somerset Md

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
7/3/49	Sarah E. Rothwell	Joseph R Grant	North East Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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JUL 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

116720

Reg. Dist. No. 94

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Cecil — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East — LENGTH OF STAY (in this place) Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North East
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): (First) Mary (Middle) Ann (Last) Patchell

4. DATE OF DEATH: (Month) July (Day) 13 (Year) 1949

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 2 1867

9. AGE last birthday: 82 yrs. — If under 1 year: Months. Days — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Pierling

14. MOTHER'S MAIDEN NAME: Mary Gatton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: —

17. INFORMANT: Miss Helen Patchell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

442 **Immediate cause** (a) Cerebral Thrombosis due to: — Interval Between Onset and Death: 1 week

131a **Antecedent cause(s)** Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(b) Hypertensive Cardiovascular Renal Disease — 5 years

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN) North East (COUNTY) Cecil (STATE) Md

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1946, to 13 July, 1949, that I last saw the deceased alive on 13 July, 1949, and that death occurred at 1:30 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus H Gaulus M.D. — ADDRESS: North East, Md — DATE SIGNED: 15 July 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: 7-16-49 — NAME OF CEMETERY OR CREMATORY: Methodist — LOCATION (City, town, or county): North East — (State): Md

DATE REC'D BY LOCAL REG. 7-16-49 — REGISTRAR'S SIGNATURE: Sarah L Rotherwell

24. FUNERAL DIRECTOR: Joseph R Grant — ADDRESS: North East, Md

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06721

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun Rural
LENGTH OF STAY (in this place) 6 years.
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rising Sun. Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) MARY (Middle) JANE (Last) PIERCE

4. DATE OF DEATH (Month) July (Day) 22 (Year) 1949

5. SEX Female

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed

8. DATE OF BIRTH Jan. 1. 1864

9. AGE last birthday 85 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework. retired

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Oxford. Pa.

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Joshua Ely

14. MOTHER'S MAIDEN NAME Martha Davis

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If year, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT George Pierce

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Thrombosis	7 days.
332 Antecedent cause(s)		
83b Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Arterio Sclerosis	5 yrs
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 19, 1949 to July 22 1949 that I last saw the deceased alive on July 22, 1949 and that death occurred at 1:20 a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

[signature] Holcomber M.D. Oxford Penn July 23 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE July 25 1949

NAME OF CEMETERY OR CREMATORY Harmony Chapel

LOCATION (City, town, or county) Rowlandville (State) Md.

DATE REC'D BY LOCAL REG. July 23-49

REGISTRAR'S SIGNATURE L M Worthington

24. FUNERAL DIRECTOR J. E. Tyson ADDRESS Rising Sun Md.

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JUL 27 1949
BUREAU V. E.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06722

CERTIFICATE OF DEATH

Reg. Dist. No. 95

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) 20 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) John (Middle) (Last) Presberry

4. DATE OF DEATH (Month) July (Day) 4 (Year) 1949

5. SEX Male
6. COLOR OR RACE colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 16 1871
9. AGE last birthday 78 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lancaster Pa.
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME unknown
14. MOTHER'S MAIDEN NAME Rachel Presberry

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT Anna Presberry

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebro Vascular Accident	10 minutes
Antecedent cause(s)	(b) Myocarditis Chronic	6-8 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Cerebral Accident Vascular	

331
93d

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inguinal Hernia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-10, 1949, to 7-4, 1949, that I last saw the deceased alive on 2-3, 1949, and that death occurred at 2:45 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) M. Richards Jr. MD ADDRESS Port Deposit, Md DATE SIGNED 7-5-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 7 1949
NAME OF CEMETERY OR CREMATORY Cokesbury
LOCATION (City, town, or county) Port Deposit (State) Md.

DATE REC'D BY LOCAL REG. July 6-49
REGISTRAR'S SIGNATURE L. M. Worthington
24. FUNERAL DIRECTOR J. E. Tyson. ADDRESS Rising Sun, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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JUL 7 1949
BUREAU V. S.

06723

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY: ~~Baltimore~~
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 2 yr 5 mo 24 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Veterans Administration Hospital	STREET ADDRESS (If rural give location): 2844 Saint Paul Street

3. NAME OF DECEASED (Type or Print)	(First) KENNETH	(Middle) T.	(Last) ROWELL	4. DATE OF DEATH	(Month) July	(Day) 27	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: White	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single	8. DATE OF BIRTH: June 17, 1923	9. AGE last birthday: 26 yrs.	If under 1 year: Months 1	Days 10	If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk	10b. KIND OF BUSINESS OR INDUSTRY: Unk	11. BIRTHPLACE (State or foreign country): Rahway, New Jersey	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Dwight C. Rowell	14. MOTHER'S MAIDEN NAME: Margaret Jones						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If year, give war or dates of service): WW II	16. SOCIAL SECURITY NO.: Unk	17. INFORMANT: Hospital Records, VAH, Perry Point, Md.					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Edema, pulmonary, massive, bilateral	36 hours
300.2 Antecedent cause(s)	due to	
83a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Insulin Shock Therapy	Unknown
	due to	
	(c) Dementia Praecox, Catatonic type	Unknown
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Edema, cerebral, universal	8 hours

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —	(CITY OR TOWN) —	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —		

22. I hereby certify that I attended the deceased from 2/3, 1947, to 7/27, 1949, that I last saw the deceased alive on 7/27, 1949, and that death occurred at 3:45 P m., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. TROLLINGER, MD., Chief, Prof. Services		VAH, Perry Point, Md.	7/28/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 7/28/49	NAME OF CEMETERY OR CREMATORY: Baltimore Nat'l Cemetery	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: 7/28/49	REGISTRAR'S SIGNATURE: Irene E. Daughtery	24. FUNERAL DIRECTOR: Pennington & Son	ADDRESS: HAVRE DE GRACE, MD.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06724

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS. A15

1. PLACE OF DEATH
COUNTY: Cecil — STATE: Maryland
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED
STATE: Md. — COUNTY: Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Elkton
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) Kathryn (Middle) (Last) RYAN

4. DATE OF DEATH: (Month) July (Day) 14 (Year) 1949

5. SEX: F

6. COLOR OR RACE: W

7. SINGLE, MARRIED, WIDOWED, DIVORCED. (Specify): widowed

8. DATE OF BIRTH: Oct. 18 1875

9. AGE last birthday: 73 yrs. If under 1 year: Months. 8 Days 26 If under 24 hrs.: Hours Mln.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Georgetown Del

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Leibold

14. MOTHER'S MAIDEN NAME: Rebecca Nabb

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT: Mrs Bowbell

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage due to	2 weeks
Antecedent cause(s) 442 131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive Cardio Vascular Renal Disease	2 years ?
	(c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? Yes ☐ No ☑

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): —

PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY: —

(CITY OR TOWN): Elkton (COUNTY): Cecil (STATE): Md

TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?: —

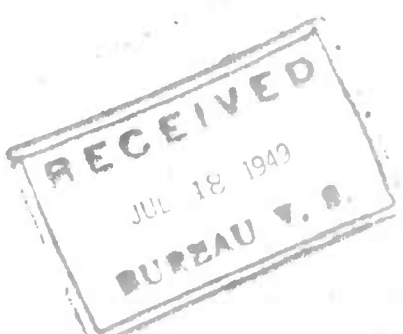
22. I hereby certify that I attended the deceased from 30 June, 1949, to 14 July, 1949, that I last saw the deceased alive on 14 July, 1949, and that death occurred at 9:55 A. m., from the causes and on the date stated above.

SIGNATURE (Degree or title): Klaus H Huebner M.D. — ADDRESS: North East, Md — DATE SIGNED: 14 July 49

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE: July 16-1949 — NAME OF CEMETERY OR CREMATORY: St. Roses — LOCATION (City, town, or county) (State): Chesapeake City, Cecil Md

DATE REC'D BY LOCAL REG. 7/15/49 — REGISTRAR'S SIGNATURE: F K Frazer

24. FUNERAL DIRECTOR: H. W. Pippin & Son — ADDRESS: Elkton Md.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JUL 18 1949
BUREAU V. S.

Evidence for change of age is on:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

Bc 06725

FILM No. G 121 AUG - 2 1949

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH · COUNTY: Cecil — MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED · STATE: Maryland — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Perry Point — LENGTH OF STAY (in this place): 6 days	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Baltimore
HOSPITAL OR INSTITUTION OR STREET ADDRESS: VA Hospital	STREET ADDRESS (If rural, give location): 1134 Linden Avenue

3. NAME OF DECEASED (Type or Print)	(First) STEWART	(Middle) W.	(Last) SMITH	4. DATE OF DEATH	(Month) 7	(Day) 29	(Year) 1949
5. SEX: Male	6. COLOR OR RACE: Negro	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married	8. DATE OF BIRTH: 9/12/95	9. AGE last birthday: 54 53 yrs.	If under 1 year: Months 10	Days 18	If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Elevator Operator	10b. KIND OF BUSINESS OR INDUSTRY: Unknown	11. BIRTHPLACE (State or foreign country): Maryland	12. CITIZEN OF WHAT COUNTRY? USA				
13. FATHER'S NAME: Unknown	14. MOTHER'S MAIDEN NAME: Unknown						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If year, give war or dates of service): WW-I	16. SOCIAL SECURITY No.: Unknown	17. INFORMANT AND ADDRESS: Hospital Records					

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
442 Immediate cause	(a) Uremia, uremic poisoning	1 week
131a Antecedent cause(s)	due to	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertensive cardiovascular renal disease	Unknown
	(c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis, generalized	Unknown

19a. DATE OF OPERATION: —	19b. MAJOR FINDINGS OF OPERATION: —	20. AUTOPSY? Yes ☒ No ☐
21. ACCIDENT SUICIDE HOMICIDE (Specify): —	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.): —	(CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour): — m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 7/23, 1949, to 7/29, 1949, that I last saw the deceased alive on 7/29, 1949, and that death occurred at 12:55 Am., from the causes and on the date stated above.

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
A.E. Trollinger	A.E. TROLLINGER, M.D., Chief, Prof. Services	VAH, Perry Point, Md.	7/29/49

23. BURIAL, CREMATION REMOVAL (Specify): Removal	DATE: 7/29/49	NAME OF CEMETERY OR CREMATORY: Baltimore National Arbutus Memorial Park	LOCATION (City, town, or county) (State): Baltimore, Md.
DATE REC'D BY LOCAL REG.: July 29, 1949	REGISTRAR'S SIGNATURE: Irene E. Daugherty	24. FUNERAL DIRECTOR: Charles R. Law	ADDRESS: 802 Madison Ave Baltimore 1, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
AUG 2 1949
BUREAU V. S.

06726

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 96

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Port Deposit
LENGTH OF STAY (in this place) 2 Days
HOSPITAL OR INSTITUTION OR STREET ADDRESS 224 Main, St.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Harford
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural Havre de Grace
STREET ADDRESS (If rural give location) R.D. 2

3. NAME OF DECEASED (Type or Print) (First) Georgiana (Middle) (Last) Taylor
4. DATE OF DEATH (Month) July (Day) 2 (Year) 1949

5. SEX Female
6. COLOR OR RACE Black
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 28 1878
9. AGE last birthday 71 yrs. If under 1 year: Months | Days; If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Warfield
14. MOTHER'S MAIDEN NAME Eliza Hilton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If year, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT Mr. Leroy Taylor

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Cerebral Hemorrhage. Paraylois right side.	10 hrs.
Antecedent cause(s)	(b) Hypertension.	5 yrs
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c)	

331
932

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chr Myocarditis — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 20, 1948, to July 2, 1949, that I last saw the deceased alive on July 2, 1949, and that death occurred at 4.25 p.m., from the causes and on the date stated above.

SIGNATURE (Degree or title) C. Benson, M.D. ADDRESS Port Deposit, Md. DATE SIGNED 7-4-49

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE July 6, 1949
NAME OF CEMETERY OR CREMATORY Gravel Hill
LOCATION (City, town, or county) Harford Co. (State) Md.

DATE REC'D BY LOCAL REG. July 5, 1949
REGISTRAR'S SIGNATURE Irene E. Dougherty
24. FUNERAL DIRECTOR R. Madison Mitchell ADDRESS Hde G. Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 7 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06727

CERTIFICATE OF DEATH

Reg. Dist. No. 92

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Cecil — STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton | LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland — COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chesapeake
STREET ADDRESS (If rural, give location) Charles Street

3. NAME OF DECEASED (Type or Print): (First) George (Middle) (Last) Warrick

4. DATE OF DEATH: (Month) July (Day) 8 (Year) 1949

5. SEX: Male

6. COLOR OR RACE: Black

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov 8, 1894

9. AGE last birthday: 54 yrs | If under 1 year: Months | Days | If under 24 hrs.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY: Truck Driver

11. BIRTHPLACE (State or foreign country): Maryland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Warrick

14. MOTHER'S MAIDEN NAME: Ella Moore

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If year, give war or dates of service)

16. SOCIAL SECURITY NO.: 213-12-2669

17. INFORMANT: Blanche Warrick

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

550.1 **Immediate cause** (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH

Antecedent cause(s)

121 Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) ..... (c) Suppurative appendicitis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 3, 1949 | 19b. MAJOR FINDINGS OF OPERATION: Suppurative appendicitis - intestinal obstruction | 20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify): No | PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) | (CITY OR TOWN) | (COUNTY) | (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. | INJURY OCCURRED While at Work ☐ Not While At work ☐ | HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July 3, 1949, to July 5, 1949, that I last saw the deceased alive on July 5, 1949, and that death occurred at 1:45 A m., from the causes and on the date stated above.

SIGNATURE (Degree or title) H. Erskine Curtis M.D. | ADDRESS North East Maryland | DATE SIGNED July 9/49

23. BURIAL, CREMATION, REMOVAL (Specify) | DATE July 11, 1949 | NAME OF CEMETERY OR CREMATORY [redacted] | LOCATION (City, town, or county) [redacted] (State)

DATE REC'D BY LOCAL REG. 7/11/49 | REGISTRAR'S SIGNATURE H R Frazer | 24. FUNERAL DIRECTOR Edw. R. Bell | ADDRESS Wilmington, Del.

VS. A15

RECEIVED
JUL 13 1949
BUREAU V. S.

06728

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 92

1. PLACE OF DEATH: COUNTY Cecil MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
LENGTH OF STAY (in this place) 57 yrs
HOSPITAL OR INSTITUTION OR STREET ADDRESS Union Hospital

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Cecil
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkton
STREET ADDRESS (If rural, give location) Elkton E. Main St.

3. NAME OF DECEASED (Type or Print) (First) Lee (Middle) Hok (Last) Wing

4. DATE OF DEATH (Month) July (Day) 26 (Year) 1949

5. SEX M
6. COLOR OR RACE Yellow
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed
8. DATE OF BIRTH 8/20/73
9. AGE last birthday 75 yrs. If under 1 year Months. Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) M. Laundry
10b. KIND OF BUSINESS OR INDUSTRY steam laundry
11. BIRTHPLACE (State or foreign country) China, Foochow
12. CITIZEN OF WHAT COUNTRY? China

13. FATHER'S NAME Dick Hing
14. MOTHER'S MAIDEN NAME no information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT Hospital Records. F R Frazer

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Left Ventricular failure	5 days
442 Antecedent cause(s)	(b) Hypertensive Cardio Renal disease	unknown
131a Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis	unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION none
19b. MAJOR FINDINGS OF OPERATION none
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) —
(CITY OR TOWN) — (COUNTY) — (STATE) —
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from 15 April, 1949, to 26 July, 1949, that I last saw the deceased alive on 26 July, 1949, and that death occurred at 9 10 P m., from the causes and on the date stated above.

SIGNATURE George J Kreis, Jr (Degree or title) M.D. ADDRESS Elkton, Md DATE SIGNED 27 July 49

23. BURIAL, CREMATION REMOVAL (Specify) Burial DATE July 30/49 NAME OF CEMETERY OR CREMATORY Elkton, Cemetery LOCATION (City, town, or county) Elkton, Md (State)

DATE REC'D BY LOCAL REG. 7/28/49 REGISTRAR'S SIGNATURE F R Frazer
24. FUNERAL DIRECTOR H W Pippin ADDRESS Elkton, Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUL 30 1949
BUREAU V. S.